

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 11/13/2006	NUMBER 04.06.182
SUBJECT MENTALLY ILL PRISONERS IN SEGREGATION	SUPERSEDES 04.06.182 (11/27/00)	
	AUTHORITY MCL 791.203	
	ACA STANDARDS 4-4369, 4-4399	
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POLICY STATEMENT:

Prisoners with severe mental disorders, serious mental illness, or mental retardation who are in segregation shall be properly identified, referred, evaluated, and treated.

RELATED POLICIES:

- 04.05.120 Segregation Standards
- 04.06.115 Suicide Prevention
- 04.06.180 Mental Health Services
- 04.06.183 Voluntary and Involuntary Treatment of Mentally Ill Prisoners

POLICY:

DEFINITIONS

- A. Adaptive Skills – Those skills needed to adequately function in one's daily life, such as health and safety skills and social skills.
- B. Qualified Mental Health Professional (QMHP) - A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan or certified to practice within the scope of his/her training.
- C. Mental Retardation - A condition manifesting before the age of 18 years that is characterized by significantly sub-average intellectual functioning.
- D. Segregation - Temporary segregation, administrative segregation, and punitive segregation (detention) only.
- E. Severe Mental Disorder or Serious Mental Illness - A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life; also includes behavior requiring mental health assessment, diagnostic evaluation and treatment or disposition planning, and associated with the inability to attend to and effectively perform the usual/necessary activities of daily living; extreme impairment of coping skills, rendering the patient exceptionally vulnerable to unintentional or intentional victimization and possible mismanagement, and/or behaviors that are dangerous to self or others. Serious mental illness/severe mental disorder is not limited to specified diagnosis.

GENERAL INFORMATION

- F. A prisoner with a severe mental disorder, serious mental illness, or serious deficiencies in adaptive skills due to mental retardation ordinarily should not be housed in segregation. The Department has more appropriate mental health care settings which are designed for the therapeutic management and care of such prisoners; i.e., inpatient psychiatric hospitalization, the Residential Treatment Program (RTP), and the Secure Status Outpatient Treatment Program (SSOTP).

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- G. A small group of prisoners with severe mental disorders, serious mental illness, or serious deficiencies in adaptive skills due to mental retardation cannot be managed outside of a segregation unit without presenting a serious threat to the safety of staff and other prisoners. However, while in segregation, all such prisoners must be closely followed by the institution outpatient mental health team (OPMHT) or a QMHP.
- H. Services shall be provided to prisoners who exhibit suicidal or self-injurious behavior in accordance with PD 04.06.115 "Suicide Prevention".

SCREENING UPON PLACEMENT IN SEGREGATION

- I. At least each business day, mental health care staff shall review mental health referral/evaluation management information output reports to identify prisoners newly placed in segregation who have mental health treatment histories, are on psychotropic medication, or have serious deficiencies in adaptive skills due to mental retardation. Such prisoners shall be seen and evaluated by a member of the OPMHT or the QMHP as soon as possible, but no later than one business day after identification.
- J. If it is determined that the prisoner is on the OPMHT active caseload and has successfully completed treatment in an inpatient psychiatric unit or an RTP/SSOTP, the name and number of the prisoner shall be referred immediately to the Warden or designee for immediate referral to the Deputy Director of Correctional Facilities Administration (CFA) or designee. The CFA Deputy Director or designee shall consult immediately with the Clinical Director of the Corrections Mental Health Program (CMHP) to determine proper placement of the prisoner. The determination shall be made as soon as possible but no later than two weeks after the referral by the OPMHT member. If it is determined that the prisoner is to be placed in a mental health unit, the prisoner shall be transferred as soon as possible.
- K. All prisoners identified in the report who are not referred pursuant to Paragraph J shall be evaluated by an OPMHT member or the QMHP. Using the CMHP admission/discharge criteria and guidelines, the OPMHT member or the QMHP shall determine whether the prisoner is seriously mentally ill, has a severe mental disorder, or has serious deficiencies in adaptive skills due to mental retardation and, if so, recommend appropriate placement. Mental health referral/evaluation management information output reports shall be reviewed at least each business day to identify evaluations which have not been completed due to prisoner transfers. All required evaluations shall be completed as soon as possible but no later than one business day after identification.
- L. If the OPMHT member or the QMHP recommends that the prisoner be placed in a mental health unit instead of in segregation, the OPMHT member or QMHP shall submit the recommendation in writing to the Deputy Warden. Upon receipt of the recommendation, the Deputy Warden shall review the prisoner's institutional record and, if s/he concurs with the recommendation, ensure that the prisoner is released from segregation and transferred as recommended as soon as possible but no later than three business days after receipt of the recommendation. S/he also shall ensure that any necessary security precautions to be taken by the receiving institution are noted on the Transfer Order (CSJ-134) if the prisoner is transferring to another institution, or on the Administrative Segregation Behavior Review (CSJ-283) if transferring within the institution.
- M. If the Deputy Warden determines that the prisoner cannot be safely managed except in segregation without seriously jeopardizing the safety of staff or other prisoners, or if the prisoner is in segregation due to a serious assault on staff, s/he shall immediately refer the case to the Warden for review. If the Warden concurs with the recommendation to place the prisoner in a mental health unit, the prisoner shall be transferred as set forth in Paragraph L.
- N. If the Warden agrees with the Deputy Warden's determination, or if the prisoner is in segregation due to a serious assault on staff, s/he shall immediately refer the case to the CFA Deputy Director or designee for resolution. The CFA Deputy Director or designee shall immediately confer with the CMHP Clinical Director to determine proper placement. The determination shall be made as soon as possible but no later than five business days after the initial recommendation by the OPMHT member or QMHP. If it is

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determined that the prisoner is to be placed in a mental health unit, the prisoner shall be transferred as soon as possible but no later than three business days after the determination has been made.

- O. If a prisoner is transferred to another institution pursuant to Paragraph L or M and the Deputy Warden and Warden at the receiving institution do not concur with placement in a non-segregation unit, the matter shall be referred to the CFA Deputy Director or designee and the CMHP Clinical Director as set forth in Paragraph N for resolution. The prisoner shall remain in the mental health unit at the receiving institution pending resolution.

MENTAL HEALTH REFERRALS FROM SEGREGATION

- P. It is the responsibility of custody and housing unit staff, as well as health care staff who are required to visit segregation units, to ensure that prisoners who are seriously mentally ill, have a severe mental disorder, or display serious deficiencies in adaptive skills due to mental retardation are identified and referred for evaluation and treatment. With assistance from the BHCS Administrator or designees, the Office of Training and Professional Development in the Bureau of Human Resources, Operations and Support Administration, shall offer training in the recognition of signs, symptoms, and management of prisoners with mental illness, mental disorders, and mental retardation. Wardens shall ensure that all staff who are regularly assigned to segregation units receive this training.
- Q. When making rounds of segregation units, staff shall note behavior of any prisoner which seems to be symptomatic of mental illness or severe mental disorder or which seems to display serious deficiencies in adaptive skills due to mental retardation and record that observation in the unit logbook. In addition, a Mental Health Services Referral (CHX-212) shall be completed for each identified prisoner and given to health care staff who make daily rounds in the unit and to the shift commander. The shift commander shall check the logbook daily for mental health referrals and ensure that health care staff have received this information.
- R. Upon receipt of a completed Mental Health Services Referral form, health care staff shall ensure that each identified prisoner is referred immediately for evaluation by an OPMHT member or a QMHP. Each prisoner shall be seen by an OPMHT member or the QMHP as soon as possible but no later than one business day after the referral. The prisoner shall be evaluated and proper placement determined in the same manner as set forth in Paragraphs K through N.
- S. Health care staff who make segregation rounds also shall be alert for prisoners exhibiting signs of serious mental illness, severe mental disorder, or serious deficiencies in adaptive skills due to mental retardation. Even if such a prisoner has not been referred by custody or housing unit staff, and has not previously been brought to the attention of health care for treatment of serious mental illness or severe mental disorder, health care staff shall refer the prisoner immediately for evaluation by an OPMHT member and QMHP as soon as possible but no later than one business day after the referral. The evaluation, determination of proper placement and, if required, transfer shall be in accordance with the requirements set forth in Paragraphs K through N. Observation of that behavior also shall be noted in the housing unit logbook by the health care staff person.

REFERRALS TO SEGREGATION FROM RTP/SSOTP

- T. If a prisoner in an RTP/SSOTP becomes assaultive or disruptive, every effort must be made to manage the prisoner's behavior in the unit. If necessary, the prisoner may be placed in a locked observation room, furnished to avoid injury, to provide a "cooling down" period. If the prisoner continues to endanger others due to assaultive behavior after other interventions have been tried, including the use of restraints as set forth in PD 04.05.112 "Managing Disruptive Prisoners" or placement in an observation room, the prisoner may be referred for placement in segregation in accordance with PD 04.05.120 "Segregation Standards".
- U. If the prisoner is placed in segregation, the RTP/SSOTP supervisor shall ensure that a discharge summary is completed and forwarded to the OPMHT or QMHP as soon as possible but no later than

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three business days after placement of the prisoner in segregation. The discharge summary shall outline treatment delivered to the prisoner while in the RTP/SSOTP and recommend any continued treatment to be delivered to the prisoner while in segregation. The RTP/SSOTP supervisor also shall ensure that a management plan for the prisoner is developed. The management plan shall include recommendations to custody staff on handling the prisoner and ensure frequent follow-up of the prisoner while in segregation. The RTP/SSOTP supervisor shall ensure that the plan is forwarded to the segregation unit Resident Unit Manager (RUM) or designee for receipt as soon as possible but no later than three business days after the prisoner's placement in segregation.

- V. If the RTP/SSOTP supervisor disagrees with placement of a prisoner in segregation and believes that the prisoner should remain in a mental health unit, s/he shall immediately notify the Deputy Warden. The matter shall be resolved in the same manner as set forth in Paragraphs K through N.

TREATMENT IN SEGREGATION

- W. Whenever a prisoner who is seriously mentally ill or has a severe mental disorder or serious deficiencies in adaptive skills due to mental retardation can be safely managed only in segregation, or whenever a prisoner receiving psychotropic medication is placed in administrative or punitive segregation, the OPMHT shall develop a management plan for that prisoner within three business days after placement in administrative or punitive segregation. The management plan shall include recommendations to custody staff on handling the prisoner and ensure frequent follow-up of the prisoner while in segregation. A copy of the management plan shall be given to the segregation unit RUM, who shall ensure that the recommendations are followed by custody and housing unit staff. Management plans are not required for prisoners receiving treatment in temporary segregation, given the short-term duration of such placement.
- X. If a prisoner is placed in segregation who has a history of treatment for serious mental illness or severe mental disorder within the preceding two years but is not currently exhibiting symptoms and appears to be in remission, the OPMHT or QMHP shall ensure that the prisoner is visited at least once per week while in segregation to determine current mental status. Such visits may be a part of the regular rounds of segregation units required for psychologists. A record of the visit to each prisoner shall be made in the prisoner's health record and in the unit logbook. Clinical observations shall be made in the health record.

REQUIRED MONITORING

- Y. At least monthly, OPMHT members and QMHPs shall review segregation unit logbooks, completed Mental Health Services Referral forms (CHX-212), prisoner health records, mental health referral/evaluation management information output reports, and relevant entries on the Department computerized database (CMIS/OMNI) to determine if mental health care services are being provided consistent with this policy.
- Z. At least monthly, BHCS Regional Psychological Services Directors and the BHCS Administrator or designees shall monitor the quality, appropriateness, and timeliness of mental health care services provided to prisoners pursuant to this policy. This shall include reviewing mental health referral/evaluation management information output reports and relevant computerized database entries.

OPERATING PROCEDURES

- AA. Wardens, Regional Health Administrators, and the Administrator of the Jackson Medical Complex shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring their existing procedures are revised or rescinded, as appropriate, if they are inconsistent with policy requirements or no longer needed. The BHCS Administrator shall ensure any necessary Department-wide procedures are issued. Local procedures shall not conflict with any Department-wide procedures.

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AUDIT ELEMENTS

- BB. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist Wardens, Regional Health Administrators, and the Administrator of the Jackson Medical Complex with self-audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

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